

FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15034**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY: <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <b>MISSOURI</b> b. COUNTY: <b>BUTLER</b>		
b. CITY OR TOWN: <b>RURAL POPLAR BLUFF</b>		c. LENGTH OF STAY (in this place): <b>2 Wks</b>	c. CITY OR TOWN: <b>RURAL POPLAR BLUFF MO.</b>		d. STREET ADDRESS (If rural, give location): <b>RURAL POPLAR BLUFF TOWNSHIP</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>HOME OF EDITH HICKS</b>					

3. NAME OF DECEASED (Type or Print) a. (First): <b>WILLIAM</b> b. (Middle): <b>PEARL</b> c. (Last): <b>WALLACE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 23 1949</b>		
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5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <b>WIDOWED</b>	8. DATE OF BIRTH: <b>NOV. 9 1887</b>	9. AGE (In years last birthday): <b>61</b>	10 UNDER 1 YEAR: <b>6</b> Months	10 OVER 1 YEAR: <b>14</b> Days	10 UNDER 24 HRS.: _____ Hours	10 OVER 24 HRS.: _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>FARMER</b>		11. BIRTHPLACE (State or foreign country): <b>BOONVILLE IND.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME: <b>CURTIS WALLACE</b>		13b. MOTHER'S MAIDEN NAME: <b>FRANCIS DORSEY</b>		14. NAME OF HUSBAND OR WIFE: _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): _____		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <b>EDITH HICKS RURAL POPLAR BLUFF MO.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Broncho</b>		DUE TO (b) <b>Bronchitis</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Bronchial Asthma</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>							<b>24HX</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May, 1947, to May, 1949, that I last saw the deceased alive on 4 May, 1949 and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE: <b>Edith Hicks</b> (Degree or title)		23b. ADDRESS: <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED: <b>23 May</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify): <b>BURIAL</b>	24b. DATE: <b>5-26-49</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>STANFIED CEMETERY</b>		24d. LOCATION (City, town, or county) (State): <b>CLARKTON MO.</b>	
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DATE REC'D BY LOCAL REG. <b>May 29, 1949</b>	REGISTRAR'S SIGNATURE: <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <b>Frank Catlett - Poplar Bluff, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 REC'D

BUTLER COUNTY HEALTH CENTER  
PORTLAND, MISSOURI

649-137

6-13-49

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John M. Lewis  
Licensed Embalmer No. 4620  
P. O. Address Poplar Bluff, Mo.

Signed \_\_\_\_\_  
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.